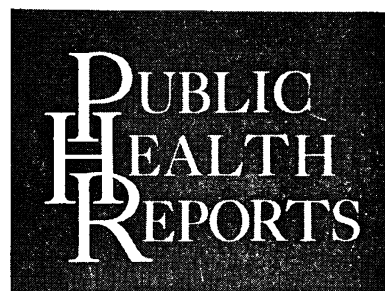




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**BROWN, WILLIAM J. (Public Health Service), SIMPSON, W. G., and PRICE, ELEANOR V.: *Reevaluation of reactions to penicillin in venereal disease clinic patients. Public Health Reports, Vol. 76, March 1961, pp. 189-198.***

Sixty-four health departments in 21 States, District of Columbia, and Puerto Rico and five border reception centers participated in a cooperative study of the incidence of reactions to penicillin among venereal disease patients.

Reactions were reported in 255, or 7.2 per 1,000 of 35,496 patients treated during a 3-month study period at each agency. The rate of reactions at the reception centers was 0.7 per 1,000; at the clinics, 9.7 per 1,000. Because the two groups were not comparable, the study was limited to the 25,550 clinic patients.

The principal reactions and the rate per 1,000 for each were urticaria, 5.7; moderate to severe anaphylaxis, 0.35; mild anaphylaxis, 0.70; and serum sickness, 0.43. No deaths occurred during the study period.

In general, the longer the planned schedule of treatment and the larger the amount of penicillin, the greater the number of reactions. No differences in

toxicity were observed between procaine penicillin G in oil with 2 percent aluminum monostearate and benzathine penicillin G.

The incidence of reactions was the same for patients who had penicillin previously with no reactions and for those receiving it for the first time. Among previous reactors, antihistamines appeared to reduce the risk. Negro patients tolerated penicillin better than white patients. The incidence of reactions increased with age.

A higher reaction rate in 1959 than in 1954, when a similar study was conducted, is believed to be the result of better observation of patients rather than increased sensitization.

No changes in present treatment practices in clinics are indicated. It is recommended that emergency supplies and equipment be kept in readiness and that patients be observed closely for immediate reactions following treatment.

**SIDIO, A. D. (Allegheny County Health Department), HARTMAN, RICHARD T., and FUGAZZOTTO, PAUL: *First domestic waste stabilization pond in Pennsylvania. Public Health Reports, Vol. 76, March 1961, pp. 201-208.***

An experimental project in Allegheny County, Pa., a stabilization pond for treatment of domestic wastes, illustrates that the semiarid conditions of some western States are not necessary for the efficient operation of a lagoon. However, high evaporation rates undoubtedly increase the potential uses of this method of waste disposal.

Based on temporarily established load levels of 175 persons per acre of lagoon surface area, the following observations of the pond were recorded. The minimum biochemical oxygen demand reduction through the two cells was 87 percent. Algal growth rapidly reached a maximum level of 1 million cells per ml. Hydrogen sulfide gas levels have remained at an acceptable level except on two occasions, when odors could be detected

only in the immediate vicinity of the pond. The reduction of coliform organisms was more than 99 percent, and preliminary studies indicate a complete removal of *Salmonella* enteric pathogens.

Although maximum loading capacities have not been reached, the lagoon method has proved feasible in this area. It is especially suited where no regular sewer systems are available and where topographic and climatic conditions are appropriate. However, further experiments must be conducted to determine the maximum loading capacities of lagoons in this climate. Preliminary studies indicate enteric pathogens cannot survive in the full sequence of lagoon operation, but further detailed studies are needed to establish this conclusively.

**HANSEN, CARL, L., Jr. (U.S. Air Force, Washington, D.C.), MICHAELSON, SOL M., and HOWLAND, JOE W.: *Lethality of upper body exposure to X-radiation in beagles. Public Health Reports, Vol. 75, March 1961, pp. 242-246.***

In experiments with beagles, lethality of exposure to ionizing radiation was significantly modified by shielding the lower part of the body. The LD-50/30 for upper body irradiation was 1,775 r; for

whole body irradiation it was 250 r. The gram-roentgen dose required to produce a median lethal dose is raised fourfold by shielding the lower portion of the body.

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# 1910

## ECHO from Public Health Reports

### THE FIELD INVESTIGATION OF EPIDEMIC POLIOMYELITIS (WHAT THE HEALTH OFFICER CAN DO TOWARD SOLVING A NATIONAL PROBLEM).

By W. H. FROST, Passed Assistant Surgeon, United States Public Health and Marine-Hospital Service.

#### PREVALENCE AND SERIOUSNESS.

Epidemic poliomyelitis, which has for many years been recognized at intervals in circumscribed localities as a serious problem for the guardians of the public health, has in the present year become in the United States one of our national public health problems. It has become so chiefly by reason of its enormously increased prevalence—an increase both in the total number of persons affected and in the area of epidemic prevalence.

Lovett (1),<sup>b</sup> in a compilation prepared for the Massachusetts state board of health, gives the number of cases of poliomyelitis reported in the literature of the world as occurring in epidemics by five-year periods from 1880 to 1909, as follows:

Five-year period.	Cases.	Epidemics.	Average number of cases.
1880-1884.....	23	2	11.5
1885-1889.....	93	7	13.0
1890-1894.....	151	4	38.0
1895-1899.....	345	23	15.0
1900-1904.....	349	9	39.0
1905-1909.....	8,054	25	322.0

NOVEMBER 18, 1910, pp. 1663-1676

Monthly reporting of poliomyelitis incidence was first requested in September 1910. Two months later, Dr. W. H. Frost pointed to the need for intensive field investigation by the local health officer "to provide his share of the facts which shall explain the spread of

epidemic poliomyelitis." He predicted small chance for brilliant discovery, except, perhaps, by "one or a very few of the many" whose work would be required to solve "a problem that has already become very serious and shows no indication of becoming less so."